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APPLICANTS

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** CONTINUING DATA ***** *KS*
 This appln claims benefit of 60/214,825 06/28/2000

** FOREIGN APPLICATIONS ***** NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 08/16/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KS</i> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 12	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 5
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TITLE
 Treatment for cardiovascular disease

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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